

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NUMBER 10/731667		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61			1		
2							62			1		
3							63			1		
4							64			1		
5							65					
6							66					
7							67					
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35		1					95					
36			1				96					
37			1				97					
38			1				98					
39			1				99					
40			1				100					
41			1									
42			1									
43			1									
44			1									
45			1									
46			1									
47			1									
48			1									
49			1									
50			1									
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												